

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1140

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Koch, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 7 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Jennie Dee Hogan

3. (b) If veteran,
name war _____

3. (c) Social Security
No. None

4. Sex F 5. Color or
race W

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife
Harold Hogan

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased
(Month) 1 (Day) 23 (Year) 1910

8. AGE: Years 33 Months 3 Days 20
If less than one day
_____ hr. _____ min.

9. Birthplace Concord Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Dave Gilmore
13. Birthplace Charlton Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Della Kil
15. Birthplace Concord Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Hogan
(b) Address 4343 Delmar Blvd.

17. (a) Removal (b) Date thereof 5/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoxie, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) 5 1943 (b) C. S. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4343 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from
2-26 1943 to 5-13 1943
that I last saw him alive on 5-13
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulm. th Duration 10 mo.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Bernard Friedman (M. D. or other) MD
Address Koch 1401 15th Mo Date signed 5/14/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Henry M. Brammer
.....
Licensed Embalmer No. *4200*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.